

REGD JAN 8 1945 99
Registration District No. _____

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME SARAH E. STORY

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm. S. Story 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 16, 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Richard King

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Anna King

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Patterson

(b) Address 5917 Brooklyn

17. (a) Burial (b) Date thereof Dec. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Spgs., Mo.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 10/15/40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3827 Prospect Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th
year 1940 hour 1:00 A.M. M.

21. I hereby certify that I attended the deceased from 12-13-40, 19____, to 12-14-40, 19____;
that I last saw h. er alive on 12-14-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right hip and left femur caused by accidental fall in home

Due to _____

Due to 1860

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence 12-13-1940

(c) Where did injury occur? At home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)

23. Signature Drury R. Howard (M. D. or other) Full

Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. D. Blackman

Licensed Embalmer No.

3639

P. O. Address

R. C. No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.